OMB Control No. 1076-0180 Exp. Date: 01/31/2020



Bureau of Indian Affairs, Osage Agency Self-Certification Form

<u>Lessee Contact Information</u> :	
Company Name:	Phone Number:
Address:	
City:	State: Zip:
Remediation and Restoration:	
How did you clean up/remediate any damaged a	areas and what dates did the activities occur?
How do you plan to restore vegetation to the site	e?
Information Supplied by the BIA:	
Reference ID (Internal Use Only):	Legal Description:
BIA Lease Number:	Remediation Due Date:
	Revegetation Due Date:
listed in Notices of Deficiency and/or O now in compliance with the regulation documentation necessary to show that a I have sent a copy of this completed form I acknowledge that, if any violation or inspection, BIA may assess fines and p	r lease deficiency has not been corrected by the time of the final enalties pursuant to 25 CFR 226.42 and 25 CFR 226.43(j), or that
other enforcement action may be taken.	•
Name (Printed)	
Signature	
Date	

Osage Agency Form Revised: July 14, 2016